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Epilepsy and Narcolepsy Examination
Comprehensive Worksheet

Name: _____ SSN: _____
Date of Exam: _____ C-number: _____
Place of Exam: _____

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

Comment on:

1. State date of onset and describe circumstances and initial manifestations.
2. State course since onset.
3. Current treatment, response, side effects.
4. State whether continuous medication is necessary for the control of epilepsy.
5. History of related hospitalizations or surgery, dates and location, if known, reason or type of surgery.
6. History of CNS trauma – include date, location, and type of trauma.
7. History of neoplasm:
 - a. Date of diagnosis, exact diagnosis, location.
 - b. Benign or malignant.
 - c. Types of treatment and dates.
 - d. Last date of treatment.
 - e. State whether treatment has been completed.
8. Date of last seizure.
9. Basis of diagnosis.
10. Report frequency of episodes of narcolepsy, if any, during the past 12-month period.
11. State types of seizures experienced during the past 12-month period and the frequency of each type.
12. If there are psychomotor seizures, state which of the following are characteristic of the seizures (name all that apply): automatic states; generalized convulsions with unconsciousness; episodes of random motor movements; episodes of hallucinations; episodes of perceptual illusions; episodes of abnormalities of thinking, memory, or mood; episodes of autonomic disturbances.
13. State the method of determining the frequency of seizures.
14. If possible, record the actual number and type(s) of seizures in each calendar month during the past 12-month period. If the veteran keeps a seizure diary, record dates of seizures.

15. Indicate whether there are symptoms suggesting the presence of, or if there is a history of, an organic brain syndrome or other mental disorder that may be related to epilepsy. If so, describe.
16. State precipitating or aggravating factors for seizures.
17. State whether seizures are associated with post-ictal confusion.
18. State whether seizures have increased or decreased in frequency during the past 12-month period.

C. Physical Examination (Objective Findings):

1. Order a psychiatric examination if there are indications of a mental disorder associated with the seizure disorder.
2. Report any significant physical findings associated with the disorder or its treatment.

D. Diagnostic and Clinical Tests:

1. EEG, CT scan, MRI as indicated.
2. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1. If the diagnosis is NOT established or is questioned, schedule any necessary special studies, including admission for a period of examination and observation, as appropriate to provide a definitive diagnosis.
2. Indicate the etiology, if known, and indicate whether a diagnosis of epilepsy is confirmed and there is a history of seizures.
3. For each diagnosis, state effects of the condition on occupational functioning and daily activities.

Signature:

Date: